

PLEASE PRINT CLEARLY

Patient Name: _____ Date of Birth: _____ Age: _____

Home Address: _____ Male _____ Female _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Work or Cell Number: _____

Parent/Guardian Name: _____ FEMALE Patients- Are you Pregnant? Yes No

*** I have read and understand the HIPPA information .***

Signature: _____ Date: _____

1. California Law Requires that this completed slip be present at time of appointment.
2. PAYMENT IS REQUIRED AT TIME OF APPOINTMENT UNLESS DOCTOR TAKES RESPONSIBILITY.
3. We DO NOT accept assignment of insurance. Reimbursement paperwork for insurance will be supplied upon request. Contact you carrier for coverage information.
4. Please inform us during scheduling if handicap accessible ramp is needed.
5. 24-HOUR CANCELLATION IS REQUIRED OR A FEE WILL BE APPLIED.

TECH USE ONLY

Technician: _____

Procedure: _____ Next Appointment Date with Dr: _____

Patient C/O: _____

Scan Charge: \$ _____ Additional Charges: \$ _____ Total: \$ _____ Type: _____

(Radiology Report _____) Implant Conversion _____ Additional CD's _____

Additional Prints _____) Delivered: _____ Print: _____

CD: _____ Email: _____

**HIPAA PRIVACY
AUTHORIZATION FOR USE AND DISCLOSURE OF
PERSONAL HEALTH INFORMATION**

This authorization is prepared pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. seq., and regulations promulgated thereunder, as amended from time to time (collectively referred to as "HIPAA").

This authorization affects your rights in the privacy of your personal healthcare information. Please read it carefully before signing.

3DCT Mobile Inc., will not condition treatment payment, enrollment in a health plan, or eligibility for benefits, as applicable, on your providing authorization for the requested use or disclosure. YOU MAY REFUSE TO SIGN THIS AUTHORIZATION.

By signing this authorization you acknowledge and agree that 3DCT Mobile Inc., may use or disclose the cone-beam scan and/or report for the purpose(s) of diagnosis and treatment by the referring physician. By signing this authorization you agree that 3DCT Mobile Inc., or its Business Associates may disclose your personal health care information to the patients referring physician or any future physician at the discretion of the patient.

Further, by signing this authorization you acknowledge that you will receive, at your request, a copy of and have read and understand 3DCT Mobile Inc.'s, HIPAA Privacy Notice containing a complete description of your rights, and the permitted uses and disclosures, under HIPAA. While 3DCT Mobile Inc., has reserved the right to change the terms of its Privacy Notice, copies of the Privacy Notice as amended are available from 3DCT Mobile Inc., at its office or by sending a written request by email to Masgaty@gmail.com.

In accordance with your rights under, and subject to certain restrictions imposed by, HIPAA, you may inspect or copy your PHI in the designated record set maintained by 3DCT Mobile Inc., for as long as the PHI is maintained in the designated record set.

You have the right to revoke this authorization, in writing, at any time, except to the extent that 3DCT Mobile Inc., has taken action in reliance on it. A revocation is effective upon receipt by 3DCT Mobile Inc., of a written request to revoke and a copy of the executed authorization form to be revoked at the address listed above.

This authorization shall expire upon the earlier occurrence of: (a) revocation of the authorization, (b) a finding by the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights that this authorization is not in compliance with requirements of HIPAA, (c) complete satisfaction of the purposes for which this authorization was originally obtained, to be determined in the reasonable discretion of 3DCT Mobile Inc., or (d) six years from the date this authorization was executed.

By signing the reverse side of this authorization you acknowledge and agree that any information used or disclosed pursuant to this authorization could be at risk for redisclosure by the recipient and no longer protected under HIPAA.

3DCT Mobile will provide the patient with a copy of this signed authorization upon request